

NEW HANOVER COUNTY

REGISTER OF DEEDS

WILMINGTON, NORTH CAROLINA

CERTIFICATE OF DEATH

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
N. C. VITAL RECORDS
CERTIFICATE OF DEATH

Registration District No. **065-00**

Local No. _____

DECEDENT

1. Decedent's Name (First, Middle, Last) Bronnie Best Lee				2. SEX F		3. DATE OF DEATH (Month, Day, Year) June 7, 2007	
4. SOCIAL SECURITY NUMBER 242-32-0541		5. AGE—Last Birthday (Years) 88		6. UNDER 1 YEAR Months _____ Days _____		7. DATE OF BIRTH (Month, Day, Year) September 28, 1919	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No		9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____					
10. FACILITY NAME (If not institution, give street and number) Davis Health Care Center				11. CITY, TOWN, OR LOCATION OF DEATH Wilmington		12. INSIDE CITY LIMITS? (Yes or No) Yes	
13. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		14. SURVIVING SPOUSE (If wife, give maiden name) _____		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Research Interviewer		16. KIND OF BUSINESS/INDUSTRY US Government	
17. RESIDENCE—STATE NC		18. COUNTY New Hanover		19. CITY, TOWN, OR LOCATION Wilmington		20. STREET AND NUMBER 1011 Porters Neck Road	
21. INSIDE CITY LIMITS? (Yes or No) Yes		22. ZIP CODE 28411		23. RACE—American Indian, Black, White, Etc. (Specify) White		24. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) 11	

PARENTS

25. FATHER'S NAME (First, Middle, Last) T. W. Best		26. MOTHER'S NAME (First, Middle, Maiden Surname) Effie Cotton	
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INFORMANT

27. INFORMANT'S NAME (Type/Print) Rayford Yates Lee, Jr.		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 105 Battersea Park, Cary, NC 27513		29. DATE AMENDED _____	
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CAUSE OF DEATH

Part I. Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure, if appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)				a. <i>Osteonecrosis of the mandible</i>	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.				b. _____	
c. _____				d. _____	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

30. AUTOPSY? (Yes or No) No		31. If yes, were findings considered in determining cause of death? No		32. Was case referred to Medical Examiner? (Yes or No) No		33. TIME OF DEATH _____	
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NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

34. SIGNATURE AND TITLE OF CERTIFIER <i>Marsha Fretwell</i>		35. DATE SIGNED (Month, Day, Year) 6/13/07	
36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) Marsha Fretwell, MD 1011 Porters Neck Road, Wilmington, North Carolina			

DISPOSITION

37. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		38. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wayne Memorial Park		39. LOCATION — City or Town, State, Zip Code Dudley, NC 28333	
40. NAME AND ADDRESS OF FUNERAL HOME Coble-Ward-Smith Funeral Service		41. NAME OF FUNERAL DIRECTOR Deborah J. Kidd		42. LICENSE NUMBER FD3764	
43. REGISTRAR'S SIGNATURE <i>[Signature]</i>		44. DATE FILED (Month, Day, Year) JUN 15 2007		45. NAME OF EMBALMER William Hardee	
46. REGISTRAR'S SIGNATURE <i>[Signature]</i>		47. DATE FILED (Month, Day, Year) JUN 15 2007		48. LICENSE NUMBER FSL1752	

Substitute for:
DHHS 1872
(Revised 3/03
Review 3/08)
VITAL RECORDS

This is to certify that this is a true and correct reproduction or abstract of the official record filed in the New Hanover County Register of Deeds Office. Any alterations or erasure voids this certificate. DO NOT ACCEPT unless on security paper with SEAL clearly embossed.

Date: 20 TH June 2007

REBECCA P. SMITH, Register of Deeds

By: *[Signature]*
Deputy Assistant Register of Deeds